

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	233	8-1893
TYPIST	219	8-21-93
VERIFIER	5718-24357	08/05/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	9-18-93
Original	
① N	
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SYMBOLS

✓	Rejected
+	Allowed
- (Through number)	Canceled
↔	Restricted
N	Not Selected
A	Appealed
O	Objected

Claim	Date
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Original	
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